

2014 PUBLIC POOL REGISTRATION

*West Hartford-Bloomfield Health District
580 Cottage Grove Road, Suite 100
Bloomfield, CT 06002
(860) 561-7900, FAX (860) 561-7918*

Pool Name: _____

Location: _____ Town: _____

Name of Owner: _____

Address of Owner: _____

Phone: _____ Emergency Contact Number: _____

Management Company (if applicable): _____

Address: _____

Phone: _____ Contact Person _____

Name and daytime phone number of ***on-site*** pool supervisor(s) or Certified Pool Operator knowledgeable in pool operation and pool water quality:

Pool Supervisor's Emergency Contact Number: _____

Days/Hours on Premises: _____

List any changes, repairs and/or modifications that have been made to the pool or the pool facilities since last September and copy of State Health Department approval, if applicable:

Hours of operation for pool use:

Weekdays from _____ to _____

Weekends from _____ to _____

Pool Size _____ Gallons _____

Pool season opening date: _____ Closing date: _____

I agree to comply with the Section 19-13-B33b of the Connecticut Public Health Code. Failure to do so may lead to the closure of the pool.

Signature of Pool Owner: _____ Date: _____